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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Patent Application of:
H. Tanaka et al.For: SHOCK ABSORBING
LANYARDS

Serial No.: 10/790,394

Filed: March 1, 2004

Examiner: Alvin C. Chin Shue

Art Unit: 3634

Conf. No.: 1054

Atty Dkt. No.: 114951-006

CERTIFICATE OF TRANSMISSION BY FACSIMILE

VIA FACSIMILE TO (571) 273-8300

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

I hereby certify that the following documents are being facsimile transmitted to the
United States Patent and Trademark Office (Fax No. 571-273-8300) on November 2, 2007.

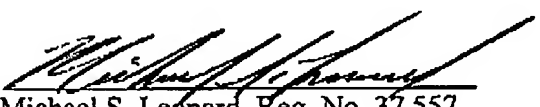
1. Amendment Transmittal (1 pg.);
2. Credit Card Payment Form PTO-2038 (1 pg.);
3. Response to Office Action (14 pgs.); and
4. Interview Summary (1 pg.).

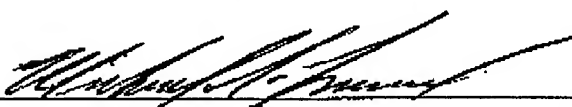
Respectfully submitted,

EVEREST INTELLECTUAL PROPERTY LAW GROUP

Date: November 2, 2007

BY


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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 114951-006	
Applicant(s): H. Tanaka et al.						
Application No. 10/790,394	Filing Date March 1, 2004	Examiner Alvin C. Chin Shue	Customer No. 43793	Group Art Unit 3634	Confirmation No. 1054	
Invention: SHOCK ABSORBING LANYARDS						
						RECEIVED CENTRAL FAX CENTER NOV 02 2007
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	28 -	22 =	6	x \$50.00	\$300.00	
INDEP. CLAIMS	3 -	3 =	0	x \$210.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$300.00	
<input type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-3189 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature			Dated: November 2, 2007			
Michael S. Leonard, Reg. No. 37,557 Everest Intellectual Property Law Group P.O. Box 708 Northbrook, IL 60065 Phone: 847-272-3400 Fax: 847-272-3417			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence			
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